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CONFIRMATION NO. 5119

SERIAL NUMBER 09/717,057	FILING OR 371(c) DATE 11/21/2000 RULE	CLASS 514	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 10165-010-999
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**APPLICANTS**

Michael Brines, Woodbridge, CT;  
 Anthony Cerami, New York City, NY;  
 Carla Cerami, Sleepy Hollow, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/547,220 04/11/2000 which claims benefit of 60/129,131 04/13/1999  
~~and claims benefit of 60/110,820 02/07/1999~~ \*

(\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* SMALL ENTITY \*\*

\*\* 03/21/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance
Verified and Acknowledged	Examiner's Signature Initials

STATE OR COUNTRY  
CT

SHEETS DRAWING  
17

TOTAL CLAIMS  
11

INDEPENDENT CLAIMS  
1

**ADDRESS**

Pennie & Edmonds LLP  
 1155 Avenue of the Americas  
 New York City, NY10036-2711

**TITLE**

Modulation of excitable tissue function by peripherally administered erythropoietin

FILING FEE RECEIVED 678	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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